

# INCIDENT FIELD REPORTING FORM

**Basic Form (Page 1) - Compete for all Calls – All Fires need (Page 2)**

Date	Alarm Tm	Arrive Tm	Wildfire Controlled Tm	Last Unit Clr	Incident #	Exp #

### Location

Type	Number / Mile Marker	Street or Highway
Exact		
Intersect	Apt #	City State Zip
Front of		
Rear of	Cross Streets or Directions:	

### Incident Type (Situation Found)

<b>Kind of Fire</b>	Rescue	Other (Give specifics):
Structure	EMS Assist	
Vehicle	Hazard Cond	
Wildland	Good Intent Call	

### Mutual Aid

Received	Given to:	Their FDID & Incident #:

### Actions Taken

<b>Fire</b>	Rescue / Search	Other (Give specifics):
Extinguish	EMS Assist / Transport	
Slvg & O/H	Remove Hazardous Materials	
Wildland Contain	Cancelled in Route	

### Resources Used

### Casualties

[ if Mutual Aid #s Incl	Apparat Qty	Personnel Qty		Death	Injury
<b>Suppression</b>			Fire Service		
<b>EMS</b> (Don't Incl Fire Tks)			Civilian Fire		
<b>Other</b> (POV, civilians etc)			Civilian EMS		

Actual Apps:
Actual Responders:

### Detectors (Required for Confined Fires Only)

Alerted Occupants	Did Not Alert Occupants	Unknown

### Property Use

Residence	Office	Farm	Other: (Specify):

### Hazardous Materials Release (< 55 gal)

Gas	Diesel	Propane	Other (Specify):

<b>Occupant Name</b>	Address	City State Zip	Phone
<b>Owner Name</b>	Address	City State Zip	Phone

<b>Notes (Use back if needed):</b>

### Authorization

<b>Member making Report</b>	<b>Officer in Charge</b>	<b>Date of Report</b>

# INCIDENT FIELD REPORTING FORM

Basic Form (Page 2) Incident Involves Fire and/or Structure Fire – Incident Date/Time \_\_\_\_\_

## Information about Property

Residential Living Units in Origin	Buildings Involved	Acres Involved (outside fires)
Estimated # involved (1=single home)	Number	Number (or <1)
None	None	None

## On-Site Bulk Materials (Specified if Stored, processed, sold or repaired at Property)

Description: \_\_\_\_\_

## Ignition Description

Area of Origin (bedroom, etc):							
Heat Source (stove, spark, match etc.):							
Item/Material First Ignited (roof, bedding etc):							
Cause:	Intentl	Unintentl	Equip Failure	Nature	Under Invest	Under after Invest	
Contributing Factors (not human such as Leak, Storm):							
Human factors:	Asleep	Alcohol/drugs	Unsuprv Psn	Disabled	Age	Other:	
If Age was factor:	Male	Female	Approximate Age:				
Cond Affecting Fire Spread:	Attic Undivided		Pwr Lines Dwn	Entrance/Exit			
Other:							

## Equipment (NOT VEHICLE), such as stove, cord,dryer, Involved in Ignition

Equipment	Brand	Model	SN	Year	Pwr Source	Portable (I)	Fixed (I)

## Mobile Property (vehicle, trailer, boat, etc) Involved in Ignition

Type	Make	Model	VIN	Year	License #	State

**Circle one:** Not involved in Ignition but burned,    Involved in Ignition but not burned,    Involved and burned

## -----STRUCTURE FIRE INFORMATION-----

### Structure

Type:	Encl Bldg	Port Struct	Open Struct	Undergnd	Connective (eg. Fence)	
Other type (specify):						
Status:	Under Constr	Occupied	Idle	Vacant&Secured	Not Secured	Other:
	Stories Above Grade	Stories below Grade	Aprox SqFt Main Flr or Dimension (LxW)			

### Fire Origin

Story # of Origin	Below Grade				
Origin Confined to:	Object	Room	Floor	Building	Beyond Bldg

### Rate Flame Damage Percentage to Number of Stories

1-24% (minor damage)	25-49% (signif damage)	50-74% (heavy damage)	75-100% (extrme)
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### Insurance Company Info

Name	Policy #	Agent's Name	Phone

### Detectors & Automatic Extinguishing System (AES)

Detectors:	Y	N	Pwr Type:	AES Present	Y	N	
Type:	Smoke	Heat	Other:	Type:	Wet Pipe	Dry Pipe	Other
Operation:	Ok	Fail	Undetermined	# of Heads Operating:			
Effectiveness:	Effectiveness:			Effectiveness:			
Detector Failed Reason:	AES Failed Reason:			AES Failed Reason:			

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